



**OFFICE OF CHIEF MEDICAL EXAMINER
CITY OF NEW YORK**

REPORT OF AUTOPSY



Name of Decedent: Richard Gonzalez **M.E. #:** B-15-004715

Autopsy Performed by: Kara Storck, M.D. **Date of Autopsy:** October 15, 2015

FINAL DIAGNOSES

- I. CHRONIC SUBSTANCE ABUSE INCLUDING CHRONIC INTRAVENOUS DRUG ABUSE AND CHRONIC ALCOHOL ABUSE.**
 - a. LINEAR SCARS OVERLYING SUBCUTANEOUS VEINS AND HEALING PUNCTURE SITES OF ANTERIOR LEFT FOREARM.
 - b. HEPATOMEGALY (2930 GRAMS).
 - c. HEPATIC STEATOSIS.
 - d. HEPATIC FIBROSIS / EVOLVING CIRRHOSIS.
 - e. CARDIAC HYPERTROPHY.
 - f. BIVENTRICULAR CARDIAC DILATATION.
 - g. POLARIZABLE FOREIGN MATERIAL IN LUNGS.
 - h. SEE REPORT OF MICROSCOPIC EXAMINATION.
 - II. HYPERTENSIVE CARDIOVASCULAR DISEASE**
 - a. CARDIAC HYPERTROPHY (440 GRAMS).
 - b. BIVENTRICULAR DILATATION.
 - c. PULMONARY HYPERTENSION.
 - d. ARTERIONEPHROSCLEROSIS, SLIGHT.
 - III. BLUNT FORCE TRAUMA OF TORSO AND EXTREMITIES.**
 - a. CONTUSIONS.
 - b. HEALING ABRASIONS.
 - c. AREAS OF SUBCUTANEOUS AND INTRAMUSCULAR HEMORRHAGE.
 - IV. STATUS POST REMOTE ABDOMINAL SURGERY, INDICATION UNKNOWN.**
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(9A)

CAUSE OF DEATH: **COMPLICATIONS OF CHRONIC SUBSTANCE
ABUSE**

MANNER OF DEATH: **NATURAL**

(9b)

**OFFICE OF CHIEF MEDICAL EXAMINER
CITY OF NEW YORK**

REPORT OF AUTOPSY

CASE NO. B-15-004715

I hereby certify that I, Kara Storck, M.D., City Medical Examiner - II, have performed an autopsy on the body of Richard Gonzalez, on the fifteenth day of October, 2015, commencing at 9:40 AM in the Queens Mortuary of the Office of Chief Medical Examiner of the City of New York.

This autopsy was performed in the presence of Drs. Kappen and Nunez.

EXTERNAL EXAMINATION:

The body is received in the supine position in a white plastic body bag which is secured with a white plastic seal bearing the number 0000000004573. The body is of a well-developed, well-nourished, average framed, 5'6", 185 lb, tan-skinned man whose appearance is consistent with the given age of 45 years. The head is plethoric. The dark scalp hair is shaved; it measures less than 1/16". The facial hair consists of a gray goatee measuring from 3/8" up to 1 1/8" as well as stubble in the beard distribution measuring up to 1/16". The nose and facial bones are palpably intact. There is a 1 1/8" approximately linear depressed scar on the face, under the left eye. The eyes have brown irides and the congested conjunctivae are without hemorrhage, petechiae or jaundice. The right ear has two pierce marks and the left has three pierce marks. The oral cavity has natural teeth.

The torso and extremities are symmetrical. The abdomen has a 9" vertical midline linear scar. Subsequent examination reveals suture material in the anterior abdominal wall and dense peritoneal adhesions. There is a 1" transverse linear scar on the lower right abdomen / pelvis and on the lateral aspect of the left lower quadrant of the abdomen is a 1 1/4" transverse linear scar. The lower left flank has a 1 1/2" nearly transverse, approximately linear well-healed scar. There is a 1/2" elliptical scar over the left antecubital fossa and over the left elbow is a 1 1/2" transverse approximately linear scar. The proximal anterior left forearm has a 1 1/4" raised, slightly indurated, linear scar with a few healing puncture sites proximally. There is a 1 3/8" linear, slightly dark, slightly raised area over the radial aspect of the distal posterior left forearm. Brown paper bags cover the hands. On the proximal dorsal left hand, near the wrist, is a 5/8 x 3/16" hyperpigmented area. The fingernails are intact and short, extending less than 1/16" beyond the nail beds. There are multiple scattered well-healed scars on the lower extremities measuring up to 1 1/4". There is mottled grayish, purplish and focally greenish discoloration around the knees, without underlying subcutaneous hemorrhage.

There are multiple tattoos as follows:

- Inferior posterior neck, monochromatic tattoo of a skull and crossbones;
- Left chest, monochromatic cross;
- Upper medial back, monochromatic tattoo of a subway token inscribed "NEW YORK CITY CANIBALS" around the periphery, with "CFG" in the center;
- Upper left back, monochromatic tattoo of skulls with flames;
- Right upper extremity, multiple monochromatic and focally red tattoos including multiple skulls, Asian characters and flames;
- Distal left upper arm and left forearm, monochromatic tattoos including multiple skulls, a skull with a hand, "CFG";
- Dorsal left hand adjacent to the 1st metacarpophalangeal joint, monochromatic tattoo stating "R";
- Distal anterior right thigh, monochromatic tattoo of a swastika.

The external genitalia are of a circumcised adult man with descended testes.

POSTMORTEM CHANGES:

There is moderate symmetrical rigor mortis of the upper and lower extremities, neck and jaw. Lividity is purple and pink, nonfixed and posterior. The body is cold.

THERAPEUTIC PROCEDURES:

In place are an endotracheal tube (taped in place); cervical collar; defibrillator pads on the anterior right chest and lower lateral left chest; and intraosseous catheter in the proximal anteromedial left leg (tibia). There is a small dry yellow-tan abrasion on the lower medial left chest. The endotracheal tube is associated with a punctate red abrasion of the right side of the lower labial mucosa.

Internal examination reveals multiple rib fractures as follows: right anterior 5-7; right lateral 2; left anterior 5-7; left anterolateral 2-6. Most of the fractures have no associated soft tissue hemorrhage.

CLOTHING:

The body is clad in a light gray short sleeved polo shirt with black trim; a pair of blue jeans; black and white houndstooth pattern boxer brief underwear; and two white socks. Received separately in the body bag are two black sneakers without shoelaces. The jeans and underwear are damp. The front of the shirt and the left leg of the jeans have been partially cut (comment: consistent with cuts made during resuscitative efforts).

INJURIES:

Inferolaterally adjacent to the left eye is a less than 1/16" punctate red scabbed defect. There are multiple healing punctate and linear brown scabbed abrasions on the frontal and superior parietal scalp measuring up to 5/8". There is a 1 1/4 x 7/8" indented area at

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the right medial posterior parietal scalp. Internal examination reveals no underlying subscalpular hemorrhage, skull fracture, intracranial hemorrhage or brain injury.

The upper medial chest has several healing punctate red and brown scabs. There is a 1 1/8" transverse linear purplish discoloration of the posterior left axilla with a focal punctate red abrasion. There is a 1/8" brown scabbed abrasion at the lateral right parasacral region.

The right upper extremity has several scattered healing red and brown abrasions / defects measuring up to 1/8". A less than 1/16" punctate brown scab is on the proximal dorsal right hand. There is a 1/8" area of splitting of the skin at the base of the right 2nd fingernail.

The left upper extremity has multiple scattered irregular and punctate, brown, tan and red, scabbed abrasions / defects measuring up to 1/4". In addition, there are several healing brown scabbed defects / abrasions on the anterior left wrist measuring from 1/16" up to 3/8".

On the anterior mid-right thigh is a 1/2" healing, fine, linear, brown abrasion with associated purple ecchymoses / contusions measuring 3/16" and less than 1/16". The inferior anteromedial left knee has a 5/8 x 3/8" pink contusion with superficial abrasion consisting of a lifted epidermal flap. There are scattered healing, irregular, brown and red scabbed abrasions on the right knee, right leg, right ankle and left leg measuring up to 3/8 x 1/4". Adjacent to the left 1st toenail is a 1/4 x 3/16" healing skin defect / abrasion.

The posterior aspect of the inferior right sternothyroid muscle has a 7/16 x 1/8" area of intramuscular hemorrhage. There is a 2 x 1" area of dark purple subfascial and intramuscular hemorrhage involving the muscles of the inferior posterior left neck.

Subcutaneous dissection reveals areas of hemorrhage as follows: inferior posterolateral right chest, 1 x 3/8" intramuscular hemorrhage; upper lateral right back, 1 1/8 x 5/8" intramuscular hemorrhage; mid- to lower right back, 3/8 x 3/8 purple subcutaneous hemorrhage; proximal medial right upper arm, 1 1/4 x 1/2" superficial intramuscular hemorrhage; right elbow, 3/4 x 7/16" red and purple subcutaneous hemorrhage; left elbow, 7/16 x 5/16" dark red subcutaneous hemorrhage; proximal lateral right thigh, 1 x 3/4" purple subcutaneous hemorrhage; inferior right knee (underlying the previously described scabbed abrasion), 1 x 5/8" red subcutaneous hemorrhage; left knee, 1 x 1" purple and red subcutaneous hemorrhage (underlying the previously described contusion).

The injuries above, having been described once, will not be repeated.

INTERNAL EXAMINATION:

BODY CAVITIES: The organs are in their normal situs. The pericardial and pleural peritoneal cavities contain normal amounts of serous fluid and are without hemorrhage or adhesion. The peritoneal cavity contains a normal amount of serous fluid and is without adhesion. There are multiple dense peritoneal adhesions as well as blue sutures in the anterior abdominal wall. The abdominal wall pannus is 1 1/8" thick. There is a 7 x 5 cm area of hemorrhage involving the retroperitoneal soft tissues superiorly adjacent to the pancreas, in the midline (comment: this hemorrhage may be related to resuscitative efforts).

HEAD: The scalp has no contusion. The brain weighs 1330 gm and is normal size and shape. The cerebral hemispheres are symmetrical with the usual pattern of sulci and gyri. The leptomeninges are thin and clear. The cerebral vessels are without atherosclerosis or aneurysm. The cranial nerves are normally distributed. The white and gray matter, deep nuclei and ventricles are unremarkable. There are no focal lesions. The brainstem and cerebellum are unremarkable.

NECK: The cervical vertebrae, hyoid bone, tracheal and laryngeal cartilages, and paratracheal soft tissues are without trauma. The larynx is retained for Anthropology consultation. A separate report will be issued. The upper airway is patent. The tongue is unremarkable.

CARDIOVASCULAR SYSTEM: The heart weighs 440 gm and has a normal distribution of right dominant coronary arteries with the following degrees of atherosclerotic stenosis (proximal, mid and distal, respectively): right coronary artery 10%, 10%, 0%; left anterior descending 10%, 0%, 0%; left circumflex 0%, 0%, 0%. The left circumflex artery is of small caliber (up to 0.2 cm in diameter). There is no recent thrombus. The myocardium is homogeneous, brown-pink and diffusely, slightly soft and floppy without discrete areas of pallor, hemorrhage, softening or fibrosis. The left ventricle wall is 1.3 cm and the right is 0.4 cm thick. There is moderate biventricular dilatation. The endocardial surfaces and tricuspid, pulmonic and aortic valves are unremarkable. The mitral valve has a few small atheromatous deposits. The aorta has slight atherosclerosis. The venae cavae and pulmonary arteries are without thrombus or embolus. The pulmonary arteries are slightly dilated with multiple scattered atheromatous plaques.

RESPIRATORY SYSTEM: The right lung weighs 650 gm and the left weighs 550 gm. The soft red-purple parenchyma expresses small to moderate quantities of frothy tan and red fluid when squeezed and is without masses, consolidation or obstruction. The bronchi contain variable quantities of red fluid and white and red foamy material, and are otherwise unremarkable.

LIVER, GALLBLADDER, PANCREAS: The liver weighs 2930 gm and has an intact capsule. The congested tan-reddish parenchyma has vaguely pebbly cut surfaces and

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is moderately firm when squeezed. The gallbladder contains less than 10 cc of tan bile without stones. The pancreas is tan-purplish, congested and slightly firm.

HEMIC AND LYMPHATIC SYSTEMS: The spleen weighs 330 gm and has an intact capsule. The color, red and white pulp and consistency are unremarkable. There are no enlarged lymph nodes.

GENITOURINARY SYSTEM: The right kidney weighs 230 gm and the left weighs 250 gm. Each kidney has a finely granular red-brown surface with a few scattered small cortical pits and a few subcapsular cortical cysts measuring up to 0.3 cm in diameter. The architecture and vasculature are otherwise unremarkable. The ureters maintain uniform caliber into an unremarkable bladder containing less than 10 cc of cloudy yellow urine. The prostate is not enlarged. The testes are unremarkable.

ENDOCRINE SYSTEM: The pituitary, thyroid and adrenal glands are normal color, size and consistency.

DIGESTIVE SYSTEM: The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 110 cc of dark brown fluid admixed with multiple irregular fragments of tan masticated / partially digested food. The gastric mucosa is purplish and congested. The small intestine and large intestine are largely congested and are otherwise unremarkable. The vermiform appendix is present.

MUSCULOSKELETAL SYSTEM: The vertebrae, clavicles, sternum and pelvis are without fracture. The musculature is normally distributed and unremarkable.

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HISTOPATHOLOGY:

Sections are submitted for microscopic analysis. A separate report will be issued.

TOXICOLOGY:

Specimens are submitted for toxicologic analysis. A separate report will be issued.

FORENSIC BIOLOGY:

A blood stain card and right and left fingernail swabs are submitted to Forensic Biology.

POSTMORTEM RADIOGRAPHY:

Postmortem radiographs are taken and retained.

EVIDENCE:

The clothes and hand bags are submitted to Evidence.



Kara Storck, M.D.
City Medical Examiner - II

KS
FINAL: 4/5/16

(9H)